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COMMONWEALTH OF MASSACHUSETTS
Office of Consumer Affairs and Business Regulation
Home Improvement Contractor Program

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SECRETARY OF HOUSING AND
ECONOMIC DEVELOPMENT

JOHN C. CHAPMAN
UNDERSECRETARY

DBA CHANGE FORM

Please complete (print) this form in ink and mail it to the above address with a copy of your business certificate from your city or town.

Registered Contractor Name: _____ HIC Registration # _____

DBA Name: _____

Permanent Address: _____

City/Town: _____ State: _____ Zip code: _____

Mailing Address (if different): _____

City/Town: _____ State: _____ Zip code: _____

Home Phone # _____ Mobile Phone # _____

Email Address: _____

Contractor Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Date Received: _____ Date Processed: _____ Processed By: _____